Appln No. 10/806,906
Amdt date January 29, 2008
Reply to Office action of October 29, 2007

REMARKS/ARGUMENTS

Claims 1-37 are pending in the application.

Claims 1 to 7, 12, 13, 19, 20 to 25, 30 and 31 have been rejected under 35 U.S.C. 103(a) as being unpatentable over Solem et al. (US Patent No. 6,210,432) in view of Oz et al. (US Patent No. 6,269,819). Claim 1 has been amended to recite "monitoring hemodynamic function while the prosthesis is in the second configuration; assessing mitral valve regurgitation in response to the monitoring step; and adjusting the prosthesis to a third configuration different from the second configuration in response to the assessing step." In contrast, Solem, et al., and Oz, et al., fail to teach or suggest the noted limitations of claim 1.

Referring to Solem, et al., and in particular to FIGS. 12 and 13, in a first state of the elongate body, the stents 23, 24 and 25 of the elongate body are inserted in the coronary sinus. In the second state of the elongate body, the wires 26 and 27 are maneuvered in order for the elongate body to press against the mitral valve annulus 6 and close the gap 20 of the mitral valve. However, between the first state and the second state of the elongate body, or after the second state of the elongate body, Solem, et al. neither carries out a step of monitoring hemodynamic function nor a step of assessing mitral valve regurgitation in response to the monitoring step. Furthermore, Solem, et al., fails to teach or suggest the step of adjusting the prosthesis to a third configuration different from the second configuration in response to the assessing step.

Oz et al. also fails to teach or suggest "monitoring hemodynamic function while the prosthesis is in the second configuration; assessing mitral valve regurgitation in response to the monitoring step; and adjusting the prosthesis to a third configuration different from the second configuration in response to the assessing step."

In the final Office action, the Examiner states that "the Oz et al. reference was used to *only* teach step of monitoring of hemodynamic function, which is described in col. 8, lines 1-18 and col. 9, lines 33-43." (Emphasis in original). In col. 8, lines 1-18, Oz, et al., teaches that "a purse-string or triangular suture had been placed around the tip of the ventricle to control bleeding around the ventricular entry site." In the same section, Oz et al., teaches that "the

surgeon would be able to operate on a decompressed heart and slow or cease the heart rate as needed, without hemodynamic compromise." Applicants submit that Oz, et al., does not teach the step of monitoring hemodynamic function at col. 8, lines 1-18.

Furthermore, Oz, et al., discloses at col. 9, lines 33-43 that preoperative hemodynamics were obtained to diagnose mitral valve regurgitation of each patient in order to identify patients for the procedure disclosed in Oz, et al. However, Oz, et al., does not teach or suggest the steps of monitoring hemodynamic function and assessing mitral valve regurgitation in response to the monitoring while the prosthesis is between the step of manipulating of the prosthesis and the step of adjusting the prosthesis. Furthermore, Oz, et al., does not teach or suggest adjusting the prosthesis to a third configuration different from the second configuration in response to the assessing step.

Based on the foregoing, Applicants submit that the combination of Solem et al., and Oz, et al., do not teach or suggest all of the elements of claim 1, and in particular, do not teach or suggest "monitoring hemodynamic function while the prosthesis is in the second configuration; assessing mitral valve regurgitation in response to the monitoring step; and adjusting the prosthesis to a third configuration different from the second configuration in response to the assessing step." Therefore, claims 1 to 7, 12, 13, 20 to 25, 30 and 31 are patentable over Solem et al., in view of Oz et al.

Claim 19 has been amended to recite "monitoring the degree of regurgitation while manipulating the prosthesis from the first configuration toward the second configuration; assessing the degree of regurgitation in response to the monitoring step; and fixing the prosthesis in the second configuration in response to the assessing step." For the reasons set forth above in response to the rejection of claim 1, Applicants believe that Solem, et al., and Oz, et al., fail to teach or suggest the noted limitations of claim 19. Therefore, claim 19 is patentable over Solem et al., in view of Oz et al.

Claims 8 to 11 and 26 to 29 have been rejected under 35 U.S.C. 103(a) as being unpatentable over Solem et al. in view of Oz et al. in further view of Wright (US Patent No. 5,522,884). Claims 14 and 32 have been rejected under 35 U.S.C. 103(a) as being unpatentable

over Solem et al. in view of Oz et al. in further view of Fowler, Jr. et al. (US Patent No. 5,086,776). Claims 15 and 33 have been rejected under 35 U.S.C. 103(a) as being unpatentable over Solem et al. in view of Oz et al. in further view of Killman (US Patent No. 5,846,198). Claims 16 and 34 have rejected under 35 U.S.C. 103(a) as being unpatentable over Solem et al. in view of Oz et al. in further view of Mehta (US Patent No. 5,476,453). Claims 17 and 35 have been rejected under 35 U.S.C. 103(a) as being unpatentable over Solem et al. in view of Oz et al. in further view of McIntyre (US Patent No. 5,291,895). Claims 18, 36, and 37 have been rejected under 35 U.S.C. 103(a) as being unpatentable over Solem et al. in view of Oz et al. in further view of Kadhiresan (US Patent No. 5,935,081). Because claims 1 and 19 are patentable over Solem et al., and Oz et al., Applicants submit that the above rejected claims are also patentable.

Consideration and allowance of the claims are respectfully requested.

Respectfully submitted,
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